

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

ID Number: 91-7048

Date Received: 3-2-16

Receipt No: N027033 + N031750

Amount: 50⁰⁰¢ By: Chad

\$8.00

b

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) MICHAEL MOLINE Phone 509-744-0408
Mailing address 408 W HIGH DR SPOKANE WA ZIP 99203
Street or Box City State
2. Date of priority (only one (1) per claim) 8/11/1981
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water () or Other (x) (a) ST JOE RIVER
which is tributary to (b) COEUR D ALENE LAKE
4. a. Location of point of diversion is: Township 46N, Range 02W, Section 17,
NW 1/4 of SE 1/4, or Govt. Lot 14, B.M., County of BENEWAH
Parcel (PIN) no. RP001000100060
Additional points of diversion if any: _____
If available, GPS coordinates: _____
- b. If instream flow, beginning point of claimed instream flow is: Township _____, Range _____,
Section _____, _____ 1/4 of _____ 1/4, or Govt. Lot _____, B.M., County of _____
ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4 or
Govt. Lot _____, B.M., County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, etc.),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as
constructed and as enlarged and the depth of each well.
PUMP IN RIVER FOR IRRIGATION AND FIRE PROTECTION
Domestic

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd) (cfs) (acre-feet)
For DOMESTIC purposes from 1/1 to 12/31 amount 0.08 or 2.4
For FIRE PROTECTION purposes from 1/1 to 12/31 amount 0.02 or _____
For _____ purposes from _____ to _____ amount _____ or _____
For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.08 (cfs) and/or (b) 2.4 (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.): DOMESTIC FOR 2 HOMES

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (e.g. D for domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
46N	02W	17													D/F	D/F			
															L6	L14			

Parcel (PIN) no(s). SAME AND RP001000100050

Total number of acres irrigated _____

10. In which county(ies) are lands listed above as place of use located? BENEWAH

11. Do you own the property listed above as place of use? Yes (x) No ()

If your answer is no, describe in remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (x)

13. Remarks:

ACCOMPLISHED CHANGE IN POINT OF DIVERSION

Last name MOLINE Identification no. _____



SWNE 5

SENE

NWSE

NWSE

91

NESE 6

17

46N02W

NWSE 14

NWSE

NWSE

NESE

SESE

SWSE 12

92

SWSE

SWSE 13

SESE 13

14. Basis of claim (check one) Beneficial Use () Posted Notice () License (x) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable, provide IDWR water right number 91-7048

15. Signature(s)

a. By signing below, I/we acknowledge that I/we have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Adjudication".

b. I/We do () do not (x) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For individuals:

I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of claimant(s) _____

Date: 3/2/2016

Date: _____

For organizations:

I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____,
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of authorized agent _____ Date _____

Title and organization _____

16. Notice of appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Last name MOLINE Identification no. _____